Practitioner's Docket No. 1012-090C1

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: McFarland, Eric; Danielson, Earl;
  Devenney, Martin; and Warren, Christopher J.

Application No.: 08/941,170	Group No.: 1627
Filed: 09/30/1997	Examiner: P. Ponnaluri

For: POTENTIAL MASKING SYSTEMS AND METHODS FOR
COMBINATORIAL LIBRARY SYNTHESIS

Box AF
Assistant Commissioner for Patents
Washington, D.C. 20231

AMENDMENT TRANSMITTAL

1.   Transmitted herewith is a Response and Amendment, Terminal Disclaimer, Supplemental Information Disclosure Statement and forms PTO/SB/08A and PTO/SB/08B for this application.

STATUS

2.   Applicant is a small entity. A statement was already filed.

CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. 1.8(a))

I hereby certify that, on the date shown below, this correspondence is being:

MAILING	FACSIMILE
☒ deposited with the United States Postal Service with sufficient postage as Express Mail in an envelope addressed to Box AF, Assistant Commissioner for Patents, Washington, D.C. 20231 with Express Mail No. EV047458275US.	☐ transmitted by facsimile to the Patent and Trademark Office.

Date: _05-14-02_

Signature

Roni L. Masquelier
(type or print name of person certifying)

(Amendment Transmittal--page 1 of 3)

EXTENSION OF TERM

3.   The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

FEE FOR CLAIMS

4.   The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1) Claims Remaining After Amendment		(Col. 2) Highest No. Previously Paid For	(Col. 3) SMALL ENTITY Present Extra	Rate	Addit. Fee
Total	26	Minus	40	= 0	x $9 =	$0
Indep.	3	Minus	4	= 0	x $40 =	$0
First Presentation of Multiple Dependent Claim				+ $ =		$0
				Total Addit. Fee		$0

*   If the entry in Col. 1 is less than the entry in Col. 2, write "O" in Col. 3,
**   If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 1) is less than 20, enter "20".
*** If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 2) is less than 3, enter "3".
The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

Total additional fee for claims required $0

FEE PAYMENT

5.   Charge Account No. 50-0496 the sum of $180.00 for Supplemental Information Disclosure Statement and $55.00 for Terminal Disclaimer Fee for a total of $235.00. A duplicate of this transmittal is attached.

FEE DEFICIENCY

6.   If any additional extension and/or fee is required, charge Account No. 50-0496. If any additional fee for claims is required, charge Account No. 50-0496.

Date: _____ May 14, 2002 _____

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